

## APPLICATION INFORMATION

Application number:: New  
Filing Date:: New  
Application Type:: Regular  
CD-ROM or CD-R?:: None  
Number of CR disks::  
Number of copies of CDs::  
Sequence submission?:: None  
Computer Readable Form (CRF)?::  
Number of copies of CRF::  
Title:: ORGANO PHOSPHATIC FERTILIZER  
Attorney Docket Number:: 6013-147US DAT/al  
Request for Early Publication?:: No  
Request for Non-Publication?:: No  
Suggested Drawing Figure:: None  
Total Drawing Sheets:: 14  
Small Entity?:: Yes  
Latin name::  
Variety denomination name::  
Petition included?:: No  
Petition Type::  
Secrecy Order in Parent Appl.?:: No

## INVENTOR INFORMATION

Inventor Authority Type:: Inventor  
Primary Citizenship Country:: Canada  
Status:: Full Capacity  
Given name:: Léon-Étienne  
Middle name::  
Family name:: Parent  
Name Suffix::  
City of Residence:: St-Nicolas  
State or Province of Residence:: Québec  
Country of Residence:: Canada  
Street:: 253, rue des Grives  
  
City:: St-Nicolas  
State or Province:: Québec  
Country:: Canada  
Postal or Zip Code:: G7A 3G6

Inventor Authority Type:: Inventor  
Primary Citizenship Country:: Canada  
Status:: Full Capacity  
Given name:: Suzanne  
Middle name::  
Family name:: Allaire  
Name Suffix::  
City of Residence:: Ancienne-Lorette  
State or Province of Residence:: Québec  
Country of Residence:: Canada  
Street:: 1954, rue St-Exupéry  
City:: Ancienne-Lorette  
State or Province:: Québec  
Country:: Canada  
Postal or Zip Code:: G2E 4Y1

Inventor Authority Type:: Inventor  
Primary Citizenship Country:: Canada  
Status:: Full Capacity  
Given name:: Lotfi  
Middle name::  
Family name:: Khiari  
Name Suffix::  
City of Residence:: Ste-Foy  
State or Province of Residence:: Québec  
Country of Residence:: Canada  
Street:: 2629, rue du Mont-Joli  
City:: Ste-Foy  
State or Province:: Québec  
Country:: Canada  
Postal or Zip Code:: G1V 1C4

Inventor Authority Type:: Inventor  
Primary Citizenship Country:: Canada  
Status:: Full Capacity  
Given name:: Antoine  
Middle name::  
Family name:: Karam

Name Suffix::

City of Residence:: Québec  
State or Province of Residence:: Québec  
Country of Residence:: Canada  
Street:: 1498 boul. La Morille, apt. 202  
City:: Québec  
State or Province:: Québec  
Country:: Canada  
Postal or Zip Code:: G2K 1P5

### CORRESPONDENCE INFORMATION

Correspondence Customer Number:: 020988  
Phone number:: (514) 845-7126  
Fax:: (514) 288-8389  
E-Mail Address:: swabey@ogilvyrenault.com

### REPRESENTATIVE INFORMATION

Representative Customer Number:: 020988

### DOMESTIC PRIORITY INFORMATION

Application:: Continuity Type:: Parent Application:: Parent Filing Date::

### FOREIGN PRIORITY INFORMATION

Country:: Application Number:: Filing Date::

### ASSIGNEE INFORMATION

Assignee name:: UNIVERSITÉ LAVAL  
Street:: Cité universitaire  
  
City:: Québec  
State or Province:: Québec  
Country:: Canada  
Postal or Zip Code:: G1K 7P4